DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:	ESCI-106US		
First Named Inventor:	Elizabeth L. Walker et al.		
COMI	PLETE IF KNOWN		
Application Number:	To Be Assigned		
Filing Date:	Herewith	<u> </u>	
Art Unit:			
Examiner Name:			

Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Supplemental Declaration (37 CFR 1.67)

I hereby	declare	that:
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Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MONITORING SURFACE TREATMENT OF COPPER CONTAINING DEVICES

the specification of which

is attached hereto

n of which (Title of the Invention)

OR

X

was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number ____

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above

identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		opy Attached?
		(11111)	Clairileu	Yes	No
	,				

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint: Practitioners at Customer	Number 23122			
OR	Mumber ZJIZZ			
Practitioner(s) named below:				
Name			Pogi	(-1 - x) M . L .
William F. Ryann				istration Number
Margaret Chappuis				44,313
James C. Simmons				45,735 24,842
				24,042
as my/our attorney(s) or agent(s) to Patent and Trademark Office connecte	prosecute the applicated therewith.	tion identified above, and	to transact a	all business in the United States
Direct all correspondence to:	Practitioners Custon	mer Number listed above;	∩P	
	,		UK	
	Correspondence Ad	dress Below		
Name:				
Address:				
City:	State:		Zip:	
Country:	Telephone:		Fax:	
I hereby declare that all statements ma belief are believed to be true; and furth like so made are punishable by fine or jeopardize the validity of the application	imprisonment, or both	nts were made with the kno Lunder 18 U.S.C. 1001 an	auladaa that	trivillent folgs statements - 1 11
Name of Sole or First Inven	tor:	☐ A Petition has b	een filed for	this unsigned inventor.
Given Name (first and mid	ddle (if any))			
				ne or Surname
Elizabeth L.	11/10/11		Wa	alker
Inventor's Signature	th T. Walker		:	Date: 12/23/63
Residence: City: Nazareth	State: PA	Country: USA		Citizenship: US
Mailing Address: 363 S. Broad Stre	et			
Mailing Address:				
City: Nazareth	State: PA	Zip: 18064	Coun	ntry: USA
Additional inventors are listed	on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name f Sec nd Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Jeffrey A.			Barnes	
Inventor's Signature		Date: 12/26/03		
Residence: City: Nazareth	State: PA	Country: USA Citizenship: US		
Mailing Address: 110 S. Main Street				
Mailing Address:				
City: Nazareth	State: PA	Zip: 18064 Country: USA		
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Orin		Hollander		
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·	Date:	
Residence: City: Jamison	State: PA	Country: USA	Citizenship: US	
Mailing Address: 2058 Guinea Lane				
Mailing Address:				
City: Jamison	State: PA	Zip: 18929	Country: USA	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country: Citizenship:		
Mailing Address:				
Mailing Address:				
City:	State:	Zip: Country:		
Additional inventors are listed on Supplemental Sheet(s).				

Date: 12/23/103 Time: 16:45:37

PTO/SB/G . C2 & 34 GOMBINED (08-04)

Declaration/Power O		or Utility or Desi	gn Patent Application	
Name of Second Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and maddle (if any))		Family Name or Surname		
Jeffrey A.	Jeffrey A.		Barnes	
Inventor's Signature			Date:	
Residence: City: Mazareth	State: PA	Country: USA	Citizenship: US	
Mailing Address: 110 S. Main Street				
Maliting Address:				
City: Nezareth	State: PA	Zip: 18064	Country: USA	
Name of Third Inventor:		A Petition has been f	filed for this unsigned inventor.	
Given Name (first and middle	(if any))	Fan	nily Name or Surname	
Oria			Hollander	
Inventor's Signature	. Hollan	De.	Dale: Dec. 23, 2003	
Residence: City: Jamison	State: PA	Country: USA	Cittzenship: US	
Mailing Address: 2058 Guines Lane				
Mailing Address:				
City: Jamison	State: PA	Zip: 18929	Country: USA	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle	(If any))	Family Name or Sumame		
Inventor's Signature			Date:	
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				
Mailing Address:				
City:	State:	Zip: Country:		
Additional inventors are listed on	Supplemental S	heet(s).		

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